

Attorney Docket No.

**PLEASE NOTE:
YOU MUST
COMPLETE THE
FOLLOWING**

BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747
Telephone: (703) 265-8000 • Facsimile: (703) 265-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Invent Title: SULFONAMIDE DERIVATIVES

File In Appropriate: The specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:

Information - For Use Without Specification Attached: The specification was filed on _____ as United States Application Number _____ and amended on _____ (If applicable) and/or the specification was filed on July 12, 2004 as PCT International Application Number PCT/EP2004/000160 and was amended on _____ (If applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.26.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows:

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

Insert Priority Information:
(if appropriate)

(Number)	(Country)	(Month/Day/Year Filed)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<u>PCT/EP2004/000160</u>	<u>PCT</u>	<u>March 10, 2004</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
____	____	____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
____	____	____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
____	____	____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

Insert Provisional Application(s):
(if any)

(Application Number)	(Filing Date)
____	____
____	____

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:

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Country	Application Number	Date of Filing (Month/Day/Year)
____	____	____
____	____	____

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Insert Prior U.S. Application(s):
(if any)

(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
____	____	____
____	____	____

Page 1 of 3
(Rev. 05/2004)

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I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assigner provides said practitioners with a written notice to the contrary.

Send Correspondence to:

CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)
 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

PLEASE NOTE
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THE
FOLLOWING:

Full Name of First
Inventor, if any,
and date of birth

Home Residence
Country

Home Phone Office
Address

Full Name of Second
Inventor, if any,
and date of birth

Full Name of Third
Inventor, if any,
and date of birth

Full Name of Fourth
Inventor, if any,
and date of birth

Full Name of Fifth
Inventor, if any,
and date of birth

Full Name of Sixth
Inventor, if any,
and date of birth

GIVEN NAME/FAMILY NAME David SMITH	INVENTOR'S SIGNATURE <i>[Signature]</i>	DATE 19.9.06
Residence (City, State & Country) Nasntali, Finland		CITIZENSHIP United Kingdom
MAILING ADDRESS (Complete Street Address including City, State & Country) Valliuksenkatu 6, FI-21100 Nasntali, Finland		
GIVEN NAME/FAMILY NAME Anne MARJAMÄKI	INVENTOR'S SIGNATURE <i>[Signature]</i>	DATE 19.9.06
Residence (City, State & Country) Littainen, Finland		CITIZENSHIP Finland
MAILING ADDRESS (Complete Street Address including City, State & Country) Käpäläkuja 7, FI-20660 Littainen, Finland		
GIVEN NAME/FAMILY NAME Miska OJALA	INVENTOR'S SIGNATURE <i>[Signature]</i>	DATE 19.9.2006
Residence (City, State & Country) Raisio, Finland		CITIZENSHIP Finland
MAILING ADDRESS (Complete Street Address including City, State & Country) Vainiontie 42, FI-21120 Raisio, Finland		
GIVEN NAME/FAMILY NAME Matti MÄLÄVÄ	INVENTOR'S SIGNATURE <i>[Signature]</i>	DATE 19.9.2006
Residence (City, State & Country) Kaarina, Finland		CITIZENSHIP Finland
MAILING ADDRESS (Complete Street Address including City, State & Country) Kuminakatu 10, FI-20780 Kaarina, Finland		
GIVEN NAME/FAMILY NAME Jarkko HEINO	INVENTOR'S SIGNATURE <i>[Signature]</i>	DATE 19.9.2006
Residence (City, State & Country) Turku, Finland		CITIZENSHIP Finland
MAILING ADDRESS (Complete Street Address including City, State & Country) Pampinkatu 3, FI-20900 Turku, Finland		
GIVEN NAME/FAMILY NAME Jarmo KÄPYLÄ	INVENTOR'S SIGNATURE <i>[Signature]</i>	DATE 19.9.2006
Residence (City, State & Country) Lieto, Finland		CITIZENSHIP Finland
MAILING ADDRESS (Complete Street Address including City, State & Country) Seikkakuja 6, FI-21420 Lieto, Finland		

*DATE OF SIGNATURE

Attorney Docket No.

Full Name of Seventh
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Olli PENTIKÄINEN		
Residence (City, State & Country)	CITIZENSHIP	
Vaajakoski, Finland	Finland	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Viljontie 18, FI-40800 Vaajakoski, Finland		

Full Name of Eighth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Jouko NYRÖNEN		
Residence (City, State & Country)	CITIZENSHIP	
Helsinki, Finland	Finland	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Vanajantie 9-11 A 3, FI-00510 Helsinki, Finland		

Full Name of Ninth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Mark JOHNSON		
Residence (City, State & Country)	CITIZENSHIP	
Turku, Finland	USA	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Arvinkatu 6 B 1-2, FI-20100 Turku, Finland		

Full Name of Tenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Mikko HIRVIALA		
Residence (City, State & Country)	CITIZENSHIP	
Turku, Finland	Finland	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Karttuliinkatu 16 B b 40, FI-20500 Turku, Finland		

Full Name of Eleventh
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Twelfth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Thirteenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		

*DATE OF SIGNATURE

Attorney Docket No.

BIRCH, STEWART, KOLASCH & BIRCH, LLPP.O. Box 747 • Falls Church, Virginia 22040-0747
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Insert Title:

SULFONAMIDE DERIVATIVES

Fill in Appropriate

the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:

**Information -
For Use Without
Specification
Attached:**

The specification was filed on _____ as
United States Application Number _____;
and amended on _____ (if applicable) and/or
the specification was filed on July 12, 2004
International Application Number PCT/EP2004/000447 ; and was
amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representative or assigns, except as follows:

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

**Insert Priority
Information:
(if appropriate)**

PCT/EP2004/000447 (Number)	PCT (Country)	March, 19, 2004 (Month/Day/Year Filed)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Month/Day/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Month/Day/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Month/Day/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

**Insert Provisional
Application(s):
(if any)**

(Application Number)	(Filing Date)
_____ (Application Number)	_____ (Filing Date)

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:

**Insert Requested
Information:
(if appropriate)**

Country	Application Number	Date of Filing (Month/Day/Year)
_____ Country	_____ Application Number	_____ Date of Filing (Month/Day/Year)

I hereby claim the benefit under Title 35, United States Code, §123 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §122. I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

**Insert Prior U.S.
Application(s):
(if any)**

(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
_____ (Application Number)	_____ (Filing Date)	_____ (Status - patented, pending, abandoned)

Attorney Docket No.

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary.

Send Correspondence to:

CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000

Facsimile: (703) 205-8050

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YOU MUST
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THE
FOLLOWING:

Full Name of First
Inventor, if any:
Last Name, First
Initial, Middle
Initial, Surname

Home Address
Street, City, State,
Country, Zip

Home Phone
Country, Area
Code, Number

Full Name of Second
Inventor, if any:
Last Name, First
Initial, Middle
Initial, Surname

Full Name of Third
Inventor, if any:
Last Name, First
Initial, Middle
Initial, Surname

Full Name of Fourth
Inventor, if any:
Last Name, First
Initial, Middle
Initial, Surname

Full Name of Fifth
Inventor, if any:
Last Name, First
Initial, Middle
Initial, Surname

Full Name of Sixth
Inventor, if any:
Last Name, First
Initial, Middle
Initial, Surname

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE
David SMITH		
Residence (City, State & Country)	CITIZENSHIP	
Naalantali, Finland	United Kingdom	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Vallinkeskintu 6, FI-21100 Naantali, Finland		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE
Anne MARJAMÄKI		
Residence (City, State & Country)	CITIZENSHIP	
Litttoinen, Finland	Finland	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Käpäläkuja 7, FI-20660 Litttoinen, Finland		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE
Marika OJALA		
Residence (City, State & Country)	CITIZENSHIP	
Raisio, Finland	Finland	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Vainiontie 42, FI-21120 Raisio, Finland		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE
Mario PIHLAVISTO		
Residence (City, State & Country)	CITIZENSHIP	
Kaarina, Finland	Finland	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Kuminakatu 10, FI-20780 Kaarina, Finland		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE
Joni HEINO		14.9.2006
Residence (City, State & Country)	CITIZENSHIP	
Turku, Finland	Finland	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Pampinkatu 3, FI-20900 Turku, Finland		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE
Jarmo KAPYLÄ		14.9.2006
Residence (City, State & Country)	CITIZENSHIP	
LIETO, FINLAND	FINLAND	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
SOTEAKUJA 6, 21420 LIETO		

*DATE OF SIGNATURE

Attorney Docket No.

Full Name of Seventh
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Olli PENTIKÄMEN		
Residence (City, State & Country)		CITIZENSHIP
Vaajakoski, Finland		Finland

MAILING ADDRESS (Complete Street Address including City, State & Country)		
Viljontie 18, FI-40800 Vaajakoski, Finland		

Full Name of Eighth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Toumi MYÖNEN		
Residence (City, State & Country)		CITIZENSHIP
Helsinki, Finland		Finland

MAILING ADDRESS (Complete Street Address including City, State & Country)		
Vasajantie 9-11 A 3, FI-00510 Helsinki, Finland		

Full Name of Ninth
Inventor, if any:
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GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Mark JOHNSON		
Residence (City, State & Country)		CITIZENSHIP
Turku, Finland		USA

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Arvinkatu 6 B 1-2, FI-20100 Turku, Finland		

Full Name of Tenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Mikko HUHTALA		
Residence (City, State & Country)		CITIZENSHIP
Turku, Finland		Finland

MAILING ADDRESS (Complete Street Address including City, State & Country)		
Kerttulinkatu 16 B b 40, FI-20500 Turku, Finland		

Full Name of Eleventh
Inventor, if any:
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GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP

MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Twelfth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP

MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Thirteenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP

MAILING ADDRESS (Complete Street Address including City, State & Country)		

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BIRCH, STEWART, KOLASCH & BIRCH, LLPP.O. Box 747 • Salt Lake City, Utah 84146-0747
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Invent Title: SULPHONAMIDE DERIVATIVES

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and amended on _____
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Insert Priority
Information:
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PCT/JP2004/000447
(Number)

PCT
(Country)

March 19, 2004
(Month/Day/Year Filed)

Priority Claimed

☒ Yes ☐ No

(Number)

(Country)

(Month/Day/Year Filed)

☐ Yes ☐ No

(Number)

(Country)

(Month/Day/Year Filed)

☐ Yes ☐ No

(Number)

(Country)

(Month/Day/Year Filed)

☐ Yes ☐ No

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(Filing Date)

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(Filing Date)

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Application Number

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(If any)

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 Telephone: (709) 205-8000 • Facsimile: (709) 205-8050

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Full Name of First
or Sole Inventor
Inventor Name of
Joint Inventors
Inventor Name of
Co-Inventors

Inventor Residence
Inventor Citizenship

Inventor Post Office
Address

Full Name of Second
Inventor, if any

Full Name of Third
Inventor, if any

Full Name of Fourth
Inventor, if any

Full Name of Fifth
Inventor, if any

Full Name of Sixth
Inventor, if any

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
David SMITH		
Residence (City, State & Country)	CITIZENSHIP	
Naalantali, Finland	United Kingdom	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Valliuksenkatu 6, FI-21100 Naantali, Finland		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Arvo MARIAMÄKI		
Residence (City, State & Country)	CITIZENSHIP	
Littoinen, Finland	Finland	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Kärsämäkijä 7, FI-20660 Littoinen, Finland		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Matti OJALA		
Residence (City, State & Country)	CITIZENSHIP	
Raisio, Finland	Finland	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Vainiontie 42, FI-21120 Raisio, Finland		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Matti PUHJAVIETO		
Residence (City, State & Country)	CITIZENSHIP	
Kaarina, Finland	Finland	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Kuminakatu 10, FI-20780 Kaarina, Finland		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Jyri HEINO		
Residence (City, State & Country)	CITIZENSHIP	
Turku, Finland	Finland	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Pampinkatu 3, FI-20900 Turku, Finland		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Normi KAPYLÄ		
Residence (City, State & Country)	CITIZENSHIP	
Lieto, Finland	Finland	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Sorkkakuja 6, FI-21420 Lieto, Finland		

*DATE OF SIGNATURE

Attorney Docket No.

Full Name of Inventor
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Olli PENTTINEN	OP	21 Sep 2006

Residence (City, State & Country)

Vaajakoski, Finland

CITIZENSHIP

Finland

MAILING ADDRESS (Complete Street Address including City, State & Country)

Viljontie 18, 40800 Vaajakoski, Finland

Full Name of Inventor
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Touko NISONEN		

Residence (City, State & Country)

Helsinki, Finland

CITIZENSHIP

Finland

MAILING ADDRESS (Complete Street Address including City, State & Country)

Vanajantie 9-11 A 3, FI-00510 Helsinki, Finland

Full Name of Inventor
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Mark JOHNSON		

Residence (City, State & Country)

Turku, Finland

CITIZENSHIP

USA

MAILING ADDRESS (Complete Street Address including City, State & Country)

Arvinkatu 6 B 1-2, FI-20100 Turku, Finland

Full Name of Inventor
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Mikko ELMYALA		

Residence (City, State & Country)

Turku, Finland

CITIZENSHIP

Finland

MAILING ADDRESS (Complete Street Address including City, State & Country)

Kerttulinkatu 16 B b 40, FI-20500 Turku, Finland

Full Name of Inventor
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*

Residence (City, State & Country)

CITIZENSHIP

MAILING ADDRESS (Complete Street Address including City, State & Country)

Full Name of Inventor
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*

Residence (City, State & Country)

CITIZENSHIP

MAILING ADDRESS (Complete Street Address including City, State & Country)

Full Name of Inventor
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*

Residence (City, State & Country)

CITIZENSHIP

MAILING ADDRESS (Complete Street Address including City, State & Country)

Attorney Docket No.

BIRCH, STEWART, KOLASCH & BIRCH, LLPP.O. Box 747 • Falls Church, Virginia 22040-0747
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050**PLEASE NOTE:
YOU MUST
COMPLETE THE
FOLLOWING****COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT AND DESIGN APPLICATIONS**

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title: **SULFONAMIDE DERIVATIVES**

Fill in Appropriate the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:

Information - The specification was filed on _____ as
For Use Without United States Application Number _____
Specification and amended on _____ (if applicable) and/or
Attached: the specification was filed on July 12, 2004 _____ as PCT
International Application Number PCT/PL2004/000147 _____ and was
amended on _____ (if applicable)

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 35, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows:

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

Insert Priority
Information:
(if appropriate)

PCT/PL2004/000147 (Number)	PCT (Country)	March 19, 2004 (Month/Day/Year Filed)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(Number)	(Country)	(Month/Day/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Number)	(Country)	(Month/Day/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Number)	(Country)	(Month/Day/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.

Insert Provisional
Application(s):
(if any)

(Application Number)	(Filing Date)
(Application Number)	(Filing Date)

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:

Insert Requested
Information:
(if appropriate)

Country	Application Number	Date of Filing (Month/Day/Year)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including (or continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 35, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Insert Prior U.S.
Application(s):
(if any)

(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)

Attorney Docket No.

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary.

Send Correspondence to:

CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000

Facsimile: (703) 205-8050

PLEASE NOTE
YOU MUST
COMPLETE
THE
FOLLOWING:

Full Name of First
Inventor (Last, First, Middle Initial)
Inventor's Signature

Inventor's Residence
(City, State & Country)

Inventor's Mailing Address

Full Name of Second
Inventor, if any
(Last, First, Middle Initial)

Full Name of Third
Inventor, if any
(Last, First, Middle Initial)

Full Name of Fourth
Inventor, if any
(Last, First, Middle Initial)

Full Name of Fifth
Inventor, if any
(Last, First, Middle Initial)

Full Name of Sixth
Inventor, if any
(Last, First, Middle Initial)

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
David SMITH		
Residence (City, State & Country)	CITIZENSHIP	
Naanntali, Finland	United Kingdom	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Valliuksenkatu 6, FI-21100 Naanntali, Finland		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Anne MARIAMÄKI		
Residence (City, State & Country)	CITIZENSHIP	
Littoinen, Finland	Finland	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Käpänliukuja 7, FI-20660 Littoinen, Finland		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Marika OJALA		
Residence (City, State & Country)	CITIZENSHIP	
Raisio, Finland	Finland	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Vainiontie 42, FI-21120 Raisio, Finland		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Mado PIHLAVIETO		
Residence (City, State & Country)	CITIZENSHIP	
Kaarina, Finland	Finland	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Kuminkatu 10, FI-20780 Kaarina, Finland		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Jyri HENIC		
Residence (City, State & Country)	CITIZENSHIP	
Turku, Finland	Finland	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Pampinkatu 3, FI-20900 Turku, Finland		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Jarmo KAPPLA		
Residence (City, State & Country)	CITIZENSHIP	
Lieto, Finland	Finland	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Sotkakuja 6, FI-21420 Lieto, Finland		

*DATE OF SIGNATURE

Attorney Docket No.

Full Name of Inventor,
if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE
Olli PENTIKÄINEN		

Residence (City, State & Country)	CITIZENSHIP
Vaajakoski, Finland	Finland

MAILING ADDRESS (Complete Street Address including City, State & Country)
Viljontie 18, FI-40800 Vaajakoski, Finland

Full Name of Inventor,
if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE
Tomas NYBOMEN	<i>[Signature]</i>	13.9.2006

Residence (City, State & Country)	CITIZENSHIP
HELSINKI, FINLAND	FINNISH

MAILING ADDRESS (Complete Street Address including City, State & Country)
VANAJANTIE 9-11 A 3 OOSIO HELSINKI, FINLAND

Full Name of Inventor,
if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE
Mark JOHNSON		

Residence (City, State & Country)	CITIZENSHIP
Turku, Finland	USA

MAILING ADDRESS (Complete Street Address including City, State & Country)
Arvinkatu 6 B 1-2, FI-20100 Turku, Finland

Full Name of Inventor,
if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE
Mikko HUHTALA		

Residence (City, State & Country)	CITIZENSHIP
Turku, Finland	Finland

MAILING ADDRESS (Complete Street Address including City, State & Country)
Kerttulinkatu 16 B h 40, FI-20500 Turku, Finland

Full Name of Inventor,
if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE

Residence (City, State & Country)	CITIZENSHIP

MAILING ADDRESS (Complete Street Address including City, State & Country)

Full Name of Inventor,
if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE

Residence (City, State & Country)	CITIZENSHIP

MAILING ADDRESS (Complete Street Address including City, State & Country)

Full Name of Inventor,
if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE

Residence (City, State & Country)	CITIZENSHIP

MAILING ADDRESS (Complete Street Address including City, State & Country)

*DATE OF SIGNATURE

Attorney Docket No.

BIRCH, STEWART, KOLASCH & BIRCH, LLPP.O. Box 747 • Falls Church, Virginia 22040-0747
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050PLEASE NOTE:
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FOLLOWING**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT AND DESIGN APPLICATIONS**

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:

SULPHONAMIDE DERIVATIVES

Fill in Appropriate

the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:

Information on -
For Use Without
Specification
Attached:

The specification was filed on _____ as
United States Application Number _____
and amended on _____ (if applicable) and/or
the specification was filed on July 12, 2004 _____ as PCT
International Application Number PCT/FI2004/00060 _____ and was
amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before any or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows:

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Insert Priority
Information:
(If appropriate)

Priority Claimed

PCT/ <u>FI2004/00060</u> (Number)	PCT (Country)	<u>March 19, 2004</u> (Month/Day/Year Filed)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Month/Day/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Month/Day/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Month/Day/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

Insert Provisional
Application(s):
(if any)

(Application Number)	(Filing Date)
_____ (Application Number)	_____ (Filing Date)

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:

Insert Requested
Information:
(If appropriate)

Country	Application Number	Date of Filing (Month/Day/Year)
_____ Country	_____ Application Number	_____ Date of Filing (Month/Day/Year)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §122, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which becomes available between the filing date of the prior application and the national or PCT international filing date of this application.

Insert Prior U.S.
Application(s):
(If any)

(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
_____ (Application Number)	_____ (Filing Date)	_____ (Status - patented, pending, abandoned)

Attorney Docket No.

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary.

Send Correspondence to:

CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000

Facsimile: (703) 205-8050

PLEASE NOTE
YOU MUST
COMPLETE
THE
FOLLOWING:
↓

Full Name of First
or Only Inventor
Insert Name of
Inventor
Insert Date
Insert Signature

Insert Residence
Insert Citizenship

Insert Post Office
Address

Full Name of Second
Inventor, if any
see above

Full Name of Third
Inventor, if any
see above

Full Name of Fourth
Inventor, if any
see above

Full Name of Fifth
Inventor, if any
see above

Full Name of Sixth
Inventor, if any
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
David SMITH		
Residence (City, State & Country)	CITIZENSHIP	
Naantali, Finland	United Kingdom	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Valliuksenkatu 6, FI-21100 Naantali, Finland		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Anne MARJAMÄKI		
Residence (City, State & Country)	CITIZENSHIP	
Littoinen, Finland	Finland	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Käpälskuja 7, FI-20660 Littoinen, Finland		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Marika CHALA		
Residence (City, State & Country)	CITIZENSHIP	
Raisio, Finland	Finland	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Vainiontie 42, FI-21120 Raisio, Finland		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Mario PIHLAVISTO		
Residence (City, State & Country)	CITIZENSHIP	
Kaarina, Finland	Finland	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Kuminakatu 10, FI-20780 Kaarina, Finland		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Jyrki HEINO		
Residence (City, State & Country)	CITIZENSHIP	
Turku, Finland	Finland	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Pampinkatu 3, FI-20900 Turku, Finland		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Jarmo KÄPYLÄ		
Residence (City, State & Country)	CITIZENSHIP	
Lieto, Finland	Finland	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Sotkakuja 6, FI-21420 Lieto, Finland		

*DATE OF SIGNATURE

Attorney Docket No.

Full Name of Seventh
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME OHJ PENTIKÄINEN	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Vaajakoski, Finland	CITIZENSHIP Finland	
MAILING ADDRESS (Complete Street Address including City, State & Country) Viljontie 18, FI-40800 Vaajakoski, Finland		

Full Name of Eighth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Tommi NYRÖNEN	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Helsinki, Finland	CITIZENSHIP Finland	
MAILING ADDRESS (Complete Street Address including City, State & Country) Vanajantie 9-11 A 3, FI-00510 Helsinki, Finland		

Full Name of Ninth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Mark JOHNSON	INVENTOR'S SIGNATURE <i>Mark Johnson</i>	DATE* 12.09.2006
Residence (City, State & Country) Turku, Finland	CITIZENSHIP USA	
MAILING ADDRESS (Complete Street Address including City, State & Country) ARVINKATU 6 B 1-2, FI-20100 Turku, Finland		

Full Name of Tenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Mikko HUHTALA	INVENTOR'S SIGNATURE <i>Mikko Huhtala</i>	DATE* 12.9.2006
Residence (City, State & Country) Turku, Finland	CITIZENSHIP FINLAND	
MAILING ADDRESS (Complete Street Address including City, State & Country) KERTTULINKATU 16 B B 40, FI-20500 TURKU		

Full Name of Eleventh
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Twelfth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Thirteenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		

*DATE OF SIGNATURE